
Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,

v.

PAYOR.

**MOTION FOR APPROVAL OF
DISPUTED CHARGE**

PATIENT:
SOC. SEC. NO:
DATE(S) OF SERVICE:
DISPUTED AMOUNT: \$

COMES NOW _____, Movant, pursuant to Judicial Rule XIX, Judicial Rules of Practice and Procedure, and moves the Industrial Commission of the State of Idaho for an order approving the fees for health care services set forth in Appendix "A" attached hereto, which fees have been objected to by the Employer and/or Surety named above to the extent indicated in Appendix "A". Payor has twenty-one (21) calendar days from the date it receives this motion to file its response. Judicial Rule XIX, Judicial Rules of Practice and Procedure.

Documents submitted in support of this motion are attached hereto and include the following:

- 1.
- 2.
- 3.
- 4.
- 5.

DATED this _____ day of _____, 19____.

Signature of Authorized Agent

CERTIFICATE OF SERVICE

I hereby certify that on the ____ Day of _____, _____, a true and correct copy of this Administrative Order was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE, ID 83720-0041

US Mail _____
Hand Delivery _____
Fax _____

Payor's Address:

US Mail _____
Hand Delivery _____
Fax _____

Signature of Authorized Agent

APPENDIX A
MOTION FOR APPROVAL OF DISPUTED CHARGE

Date of Service	CPT Code / Item Description (CPT Code is preferred)	Amount Billed	Amount Paid	Amount Objected to
TOTALS	(expand as necessary)			

APPENDIX B

AFFIDAVIT OF USUAL AND CUSTOMARY

I, _____, hereby attest and certify that:

1. I have personal knowledge of the information stated in this Affidavit, and it is true and accurate to the best of my information and belief.
2. The charges listed in Appendix A arose from medical services for an industrial injury under the Idaho Workers' Compensation law.
3. The charges listed in Appendix A are this Provider's most frequent charge(s) for the item(s) listed.
4. These charges are the same for all patients, whether industrially injured or not.
5. Attached hereto, or set out below, is: (check one)
_____ an accurate copy of our standard fee schedule for the items in Appendix A, (or)
_____ bills for other patients, non-industrially injured, for the same
service/treatment/charge.

DATED This _____ day of _____, 200____.

Authorized Agent